

5/001/035  
5/027/024

SENDER: COMPLETE THIS SECTION		COMPLETE SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>David L Penney</u> C. Date of Delivery <u>11-29-05</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p><b>RECEIVED</b></p> <p><b>DEC 02 2005</b></p> <p>DIV. OF OIL, GAS &amp; MINING</p> <p>3. Service type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to:  DAVID PENNEY PENNEY GEMSTONES 2400 E 30 S BOX 312 BEAVER UT 84713-0313			
JB DOGM S/001/035 & S/027/024			
2. Article Number (Transfer from service label)		7002 0510 0003 8603 2816	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7002 0510 0003 8603 2816

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
JB DOGM S/027/024 9/27/05 S/001/035 9/28/05	
Postage 10/31/05-RESENDING 7002 0510 0003 8603 Certified Fee 3080	Proposed Assessment
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To DAVID PENNEY - PENNEY GEMSTONES Street, Apt. No., or PO Box No. 2400 E 30 S BOX 312 City, State, ZIP+4 BEAVER UT 84713-0312	
PS Form 3800, January 2001 See Reverse for Instructions	

7002 0510 0003 8603 3080

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
JB DOGM S/001/035 9/28/05 9/27/2005 - S/027/024 9/27/05	
Postage \$	Proposed Assessment
Certified Fee	Re sent 10-31-05
Return Receipt Fee (Endorsement Required)	Postmark
Restricted Delivery Fee (Endorsement Required)	#7002-0510-0003-8603-2816
Total Postage & Fees \$	
Sent To DAVID PENNEY - PENNEY'S GEMSTONES Street, Apt. No., or PO Box No. 2400 E 30 S BOX 312 City, State, ZIP+4 BEAVER UT 84713-0312	
PS Form 3800, January 2001 See Reverse for Instructions	